

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041244

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3072

Primary Registration District No. 3072

Registrar's No. 23

FILED OCT 22 1962

1. PLACE OF DEATH

a. COUNTY

Saline

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Slater

Length of stay in 1b

Life

c. CITY

OR TOWN

Slater

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

325 S. Jefferson

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

325 S. Jefferson

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Clarence

Middle

Edgar

Last

Peel

4. DATE OF DEATH

Month

Day

Year

October 13, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/10/1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Switchman

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Slater, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William H. Peel

13b. MOTHER'S MAIDEN NAME

Mary Edna Decker

14. NAME OF HUSBAND OR WIFE

Elizabeth Peel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Laverne Peel, Gilliam, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of lungs with metastasis

INTERVAL BETWEEN ONSET AND DEATH

1-yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 1946 to Oct. 13, 1962 and last saw him alive on Oct. 13, 1962

Death occurred at 10:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

C. A. McSweeney, M.D.

22b. ADDRESS

Slater, Mo.

22c. DATE SIGNED

10/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/15/1962

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Slater, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Haines Funeral Home, Slater, Missouri

25. DATE RECD. BY LOCAL REG.

10-15-62

26. REGISTRAR'S SIGNATURE

Mr. Raymond Brana

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/59

0971
0971
3
4 0
5 1
6
7 0
8 0
9 163X
10
11
12 90-0
13 1-0

OCT 25 1962

FEB 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.